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*yes*  
 \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 10/277,474 10/22/2002 PAT 6,914,930  
 which claims benefit of 60/384,673 05/31/2002

*yes*  
 \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 01/23/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MD	SHEETS DRAWING 9	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged.	Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>		

## ADDRESS

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## TITLE

Laser level

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
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